



PTO/SB/22 (08-03)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
020862-000110US

In re Application of Andrew Holman

Application Number 10/091,744

Filed March 5, 2002

For ADMINISTRATION OF SLEEP RESTORATIVE AGENTS

Art Unit 1617

Examiner T. Criares

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) \$
- ☒ Two months (37 CFR 1.17(a)(2)) \$420
- ☐ Three months (37 CFR 1.17(a)(3)) \$
- ☐ Four months (37 CFR 1.17(a)(4)) \$
- ☐ Five months (37 CFR 1.17(a)(5)) \$
- ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 210 .
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.

I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ attorney or agent of record.. Registration Number 39,354
- ☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a). _____ .

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Jan. 9, 2004

Date

Signature

Mark G. Sandbaken, Ph.D., Reg. No. 39,354

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".

☐ *Total of _____ forms are submitted.

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